RCE Station

PTOYSEGE (GB-GD)
Approved for use through 7/31/2008. ONIB 0631-0032
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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875  Application or Dodde Number 09/654,025											125
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR MUNISER FILED MUNISER EXTRA						RATE	FEE		RATE	FEE	
BASIC FEE (37 GFR 1.18(n))							<b></b>	OR		8	
TOTAL CLAIRS (37 CFR 1.16(c)) 2/ mirac 20							xs		OR	× \$•	
SIDEPENDENT CLASS (CONTROL CLASS) (CONTROL CLASS) (CONTROL CLASS)						× 8 °		OR	x \$•		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							+1		OR	+1	
" If the difference in column 1 is less than zero, order "O" in column 2.							TOTAL		OR	TOTAL	
CLAIMS AS AMENDED — PART II											
(Column 1) (Column 2) (Column 3)						SMALL E	· YTTM	OR	OTHER SMALL		
ENT A		CLABAS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADO+ TIÓNAL FEE		RATE	ADDI- TIONAL PEE
I ∑ I	Total grofit using	13	Minus		•		X 8=		OR	x 4	
END	Independent gr GR Lines	- 14	Minus	***	•		ו		OR	× 8=	
AM	FIRST PRESENT	ATION OF MULTIPLE	00000	ENT CLAIM (N7 CF	R 1.18(S)		+8=		OR	+3=	
						1 1	TOTAL ADO'L FEE		ÓR	TOTAL ADD'S FEE	
(Column 1) (Column 2) (Column 3)									Į.	,	
MENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADOI- TIONAL FEE
×	िर्द्धाः (२१ दन्तर १.५८५८)	.13	Minus	20	•		x 8*		OR	x 8	
MEND	Independent (SF CFR 1.5490)	. 4	Minus	- 4	• —		x 8		OR	×8	
₹	FREST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (17 CFR 1.18(4))						+8		OR	+5	
11-22-06							ADD'L FEE		OR	ADO'L FEE	
(Column 1) (Column 2) (Column 3)								,	1		
ENTC		CLAIMS REMANING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADOI- TIONAL FEE	٠	RATE	ADOI- TIONAL FEE
DME	Total carcan useco	43	Minus	0,5	• 23		x \$=	5759	OR	x \$=	
る	independent (27 GFR LITING)	. 9	Minus	<del>-</del> 4	. 5		x 8=	50000	OR	X 5=	
AM	FIRST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (SP CFR 1.18(II))						+ 5	·	OR	+ 1 _ a	
23, 29, 35, 41, 45, 50, 54, 58, ADDITE 10750 OR ADDITED											
* If the orby in column 1 is less than the emby in column 2, write 'U' in column 3. / 2  " If the Tetriest Number Proviously Paid For DI THIS SPACE is less than 20, enter 20."  " If the Tetriest Number Proviously Paid For DI THIS SPACE is less than 3, enter "U".											
-	* If the Tilphest !	Aumber Previously	Peld For	IN THIS SPACE	ts loss than 3, et		To	the ennounted		nhima 1.	

The Represt Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.
This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to lise (and by the USPTO) to process) an application. Confidentially is governed by 33 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 infunties to complete, including gathering, preparing, end authoriting the completed application form to the USPTO. This will vary depending upon the individual case. Any comments on the emount of the you require to complete this form and/or suggestions for reducing this burdon, should be sent to the Chief information Officer, U.S. Peterni and Trademark Office, U.S. Department of Commerce, P.O. Sex 1450, Assessments, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patenta, P.O. Bex 1450, Alexandria, VA 22313-1450.